



PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

Box ISSUE FEE

Assistant Commissioner for Patents Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicates as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicates as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicates as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicates as

				rrespondence address;	; and/or (b) indicating a sepa	trate "FEE ADDRESS" fo	
	NCE ADDRESS (Note: Legibly of 7590 02/22/2 KIM; LLP		use Block 1)	Note: The certificat mailings of the Fee(other accompanying or formal drawing, n	te of mailing below can or s) Transmittal. This certifica papers. Each additional pap aust have its own certificate o	tly be used for domestic te cannot be used for any er, such as an assignment f mailing.	
CHANTILLY, V	A 201531200	MAY 0 8 21	M S	I hereby certify that United States Postal envelope addressed indicated below.	Certificate of Mailing t this Fee(s) Transmittal is Service with sufficient postar to the Box Issue Fee ad	being deposited with the ge for first class mail in an dress above on the date	
		BUENDE	[]			(Depositor's name)	
						(Signature)	
			l			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/281,973	03/31/1999		HO HYUN KIM		LGS/P-175	7981	
TITLE OF INVENTION:	TEST MODE SETUP C	IRCUIT FOR MICROC	ONTROLLER UNIT				
TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FE	EE TOTAL FEE(S) DUE	DATE DUE	
24	nonprovisional	NO	\$1280	\$0	\$1280	05/22/2002	
EXAMINER		ART UNIT	CLASS-SUBCL	ASS			
CHUNG, PHUNG M 2133			714-738000)			
Change of correspondence address or indication of "Fee Address CFR 1.363). Use of PTO form(s) and Customer Number are recommended to the required. Change of correspondence address (or Change of Correspondent Address form PTO/SB/122) attached.			the names of up or agents OR, a single firm (hav attorney or agen	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.			is listed, no name	registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME ANI	D RESIDENCE DATA	TO BE PRINTED ON T	HE PATENT (print or	tune)			
PLEASE NOTE: Unless been previously submitted (A) NAME OF ASSIGNE	an assignee is identified I to the USPTO or is bei	below, no assignee date ng submitted under sepa	a will appear on the parate cover. Completion RESIDENCE: (CITY	tent. Inclusion of assi of this form is NOT a	ignee data is only appropriate a substitute for filing an assig INTRY)	e when an assignment has nment.	
Hyundai Electronics Industries Co., Ltd. Kyoungki-do, KOREA							
Please check the appropriat	e assignee category or ca	ategories (will not be pri	nted on the patent)	□ individual Xio	orporation or other private gr	ove estitu. Description	
4a. The following fee(s) are	-		Payment of Fee(s):		orboration of outer brivate B	oup entity 'a government	
10 Issue Fee \$1,280.00			XD A check in the amount of the fee(s) is enclosed. \$1,289.00 #5349				
□ Publication Fee			Q Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of C	Copies three (3) \$9.00 XD7	The Commissioner is he posit Account Number	reby authorized by ch	narge the required fee(s), or conclose an extra copy of this f	redit any overpayment, to orm).	
The COMMISSIONER OF application identified above	PATENTS AND TRAC				fany) or to re-apply any pre-		
(Authorized Signature)	(al Munda	Date) 5	9/2002				
Carl R. Wesolc NOTE; The Issue Fee an other than the applicant; interest as shown by the re	wski Reg No		5-9-02 epted from anyone e or either party in	65/12/202 0	X8222 60000628. 6526	1973	
Burden Hour Statement: I depending on the needs of to complete this form sho and Trademark Office, W FORMS TO THIS ADE Assistant Commissioner for	his form is estimated to the individual case. Any suld be sent to the Chief ashington, D.C. 20231. DRESS. SEND FRES	take 0.2 hours to comply comments on the amount information Officer, L DO NOT SEND FEES AND THIS FORM TO		01 FC:142 02 FC:561		1200.00 EP 9.00 EP	
Under the Paperwork Recollection of information u	eduction Act of 1995	no narrone are require	d to respond to a				